



Business Insurers of the Carolinas

Pet Services Division

Pet Groomers Insurance Application

Owner's Name/Business Name _____

Mailing Address: _____

Phone Number: _____

Fax Number: _____

Email: _____

Web Address: _____

Legal Entity: *Individual/Sole Proprietor* *Partnership* *C-Corporation*
 S-Corporation *Limited Liability Company (LLC)* *Other* _____

Federal ID # or (SSN# Only if a Sole) _____

Year Business Established: _____ Years Experience in Field/Industry _____

Number of Employees: Full Time _____ Part Time _____

Estimated Annual Sales from Grooming: \$ _____

Estimated Annual Sales from Mobile Grooming: \$ _____

Physical Address of Property (include street address, city, zip & county):

Building Replacement Cost Value (*list only if you own the building or are required to insure via contract*):

Building Improvements & Betterments Value (*list only if you lease the building and have made upfits to someone else's building*):

Contents Replacement Cost Value: _____ - _____

Total Estimated Square Feet: _____

Number of Stories: _____

Construction Type: _____

Roof Type: _____

Year Built: _____

If building is over 20 years old, please list year the following were last updated:

Plumbing _____

HVAC _____

Electrical _____

Roof _____

Any Fences or Other Outdoor Property? **Yes** **No**

(If Yes, please list property/equipment and replacement value):

Fire District: _____

Distance from responding Fire Department: _____

Distance from nearest Fire Hydrant: _____

Sprinkler System? **Yes** **No**

Fire Alarm System? **Yes** **No** If yes, what type: _____

Burglar Alarm System? **Yes** **No** If yes, what type: _____

List all permanently attached equipment in the mobile vehicle with cost value: _____

List all property/equipment not permanently attached in the mobile vehicle with cost value: _____

Additional Insureds/Loss Payees/Mortgagees that need to be listed (please provide name and address):

Name of Current Insurance Company: _____

How long have you been with them? _____

Any Claims in Last 4 years? **Yes** **No** If yes, please list details and amounts paid for each:

What is the maximum number of animals in your care at one time? _____

Average number of animals groomed per day? _____ Per week? _____

Do you have a retail store or sell other pet-related products? **Yes** **No**

If yes, please list sample of products sold and estimated annual receipts: _____

Do you offer any of the following services in addition to your grooming business? Pet Sitting? Walking? Daycare? Training? Breeding? If yes, please list all applicable and estimated annual receipts from each (in addition to grooming receipts):

Do you require proof of vaccinations for all boarded animals? **Yes** **No**

Do you obtain medical history on all pets and discuss emergency care with pet owners: **Yes** **No**

Additional Notes: _____

Applicant Signature: _____ Date: _____